

Serious Accident, Incident, or Injury Report

Please Write Clearly

Center/Program Name: _____ Phone: _____ Fax: _____

Center/Program Address: _____

Type of Facility (Circle One) Licensed Center Hourly Center Out of School Time Program

Date of Injury ____/____/____

Time of Incident _____ am pm

Name of Child _____

Age of Child _____ Gender of Child Male Female Location When Injury Occurred Inside Outside

Body Parts Injured _____

Type of Injuries _____

Individuals who Observed the Incident _____

Explain what happened. Include information about the cause of the injury or incident, the body part injured, the type of injury, where in the facility the injury occurred, any toys or equipment involved in the injury, the reaction of child, etc.):

Describe what action was taken in response to this incident, and by whom: _____

(Continued on back.)

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.

Name of the parent or legal guardian who was notified of the incident: _____

Date and time of contact: ____/____/____ at _____ am pm

List any instructions given by the parent or legal guardian: _____

Name of the person at Child Care Licensing who was notified of the incident: (The Department must be notified by phone within 24 hours of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent.)

Name: _____

Date and time of contact: ____/____/____ at _____ am pm

Any Additional Comments or Information:

_____/_____/_____
Signature of Caregiver Date

_____/_____/_____
Signature of Center/Program Director Date

_____/_____/_____
Signature of Authorized Person Picking Up the Child Date

The Department must be given written notification by fax or mail within 5 days of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless an emergency medical transport was part of a child's medical treatment plan identified by the parent.

Report (Circle One): Mailed Faxed Electronic Transmission Date ____/____/____

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